

Olam Quality Care Ltd

# Caremark (Ealing)

## Inspection report

184 Acton Lane  
London  
NW10 7NH

Tel: 02089612221

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Caremark (Ealing) is a domiciliary care service that provides a range of care and support to adults, young people and children in their own homes, some of whom live with dementia, mental health needs and/or learning disabilities. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were twenty people receiving personal care.

### People's experience of using this service and what we found

People and relatives were happy with the staff who they told us were kind and caring. The care and support people received was personalised and met their individual needs and preferences.

People and where applicable their relatives were fully involved in the assessment, planning and review of their care. The care and support people received supported them to maintain independence and remain living in their homes.

Staff knew people well and were knowledgeable about their care needs. Care plans provided detailed guidance for staff about everything they needed to do on each visit and were responsive to people's changing needs.

Staff understood their responsibility to protect people in their care from abuse and report any concerns they had. They knew how to recognise and report any concerns they had about people's safety and welfare.

People were supported by well-trained staff who felt confident in their roles. Staff received the support and guidance they needed from the registered manager.

People were supported to take their medicines safely. Staff had received training in safe medicines management and administration.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems in place to manage, resolve and review complaints. People and relatives were confident if they had any concerns or worries, they would be listened to and action taken to address their concerns.

People and their relatives had opportunities to provide feedback about the service, and action was taken to address issues they raised.

People and relatives told us that staff mostly arrived on time and always stayed for the duration of the planned call. The agency was flexible and responsive when people needed to change the times of visits.

There was a friendly, open and supportive culture amongst the managers and staff team. The registered manager was very committed to providing people with good personalised care and supported people to achieve the best possible outcomes.

Systems were in place to make sure there were enough suitable staff to carry out care visits. The quality and delivery of care were monitored and assessed and improvements to the service were made when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 06 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Caremark (Ealing)

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to adults and children living in their own houses and flats and a range of other accommodation including care homes.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to plan for people using the service and relatives to speak with us about their experience of the service.

Inspection activity started on 12 December 2019 when we visited the agency's office location and ended 18 December 2019, when we completed telephone calls to people using the service and their relatives.

#### What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. Other information we reviewed

included the previous inspection report. This information helps support our inspections. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with the registered manager, care supervisor, field care supervisor, and seven care staff. We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of five people using the service, four staff employment records, quality monitoring records and some policies.

After the inspection

Following our visit to the provider's office we contacted people using the service, their relatives and healthcare and social care professionals. We received feedback about the service from one person, nine people's relatives and three healthcare and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt people were safe with care staff. One person told us, "I feel safe with all carers."
- There were up to date policies and procedures to safeguard adults and children from the risk of abuse.
- Staff demonstrated a good understanding of the indications of abuse and were clear they needed to report safeguarding concerns to the registered manager. However, some care staff needed prompting before they told us they would report abuse to external agencies including the host local authority team if management did not contact them. The registered manager told us they would ensure that staff were reminded of the safeguarding reporting procedures.
- Staff received the training they needed to help keep people safe from avoidable harm. Care staff told us that they would not hesitate to report any poor practice from staff.
- The registered manager was aware of their responsibilities to protect people from the risk of abuse and had shared concerns with local safeguarding teams and CQC.

Assessing risk, safety monitoring and management

- Systems to keep people safe and manage and monitor risks were in place. Risks to people's safety such as risk of scalding from hot drinks had been identified and written in people's care plans. Specific personalised risk assessments with clear risk management strategies were not always in place for people who were at risk of falls. The registered manager told us these would be completed.
- Care staff told us they had read people's care records and risk assessments and were aware of the support people needed to keep them safe. They knew they needed to report any concerns to do with people's safety to the registered manager.
- Staff had received training in how to use specialist equipment safely. Care staff spoke knowledgeably about moving people safely when using equipment such as hoists.
- The provider had a contingency plan to ensure continuity of care should an event occur which impacted on service delivery. For example, adverse weather conditions or staff shortage. Care staff knew when they needed to call emergency services.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people.
- There were systems in place to ensure that there were enough suitably trained staff to effectively meet people's care needs and to keep them safe.
- People received consistency of care from staff who knew them well. People and their relatives told us that

care visits were carried out by regular care staff who were reliable, arrived at the time expected and stayed the right amount of time. Nobody we spoke with reported having had a missed call. One relative told us, a person's regular care worker was, "always on time."

- The registered manager, the care co-ordinator and other care staff covered any unexpected staff absence. This meant any unplanned gaps in the staff rota could be effectively covered at short notice.
- There was an on-call system which ensured staff, people and relatives could obtain information and advice at any time from a senior member of staff.

#### Using medicines safely

- Systems including a detailed medicines policy, staff medicines training and competency assessments were in place. This helped ensure that staff were fit to effectively and safely support people with their medicines when needed.
- People's care plans included details of their prescribed medicines and the support they needed and received from staff.
- Staff completed medicines administration records (MAR) which showed people received the medicines they were prescribed.
- Medicines monitoring checks were carried out during spot checks of the care people received from staff. People and their relatives had no concerns regarding the support people received with their medicines.

#### Preventing and controlling infection

- The provider had policies and procedures in place to minimise the risk of cross infection. Care staff had access to personal protective equipment including disposable gloves and aprons.
- Staff received training about infection control and were aware of their responsibility to prevent avoidable infections, including the importance of washing their hands.
- Relatives told us that care staff washed their hands and wore disposable gloves when assisting people with personal care.
- Spot checks of staff safe working practices were carried out. These included checks that people were being protected from the risk of infection.

#### Learning lessons when things go wrong

- There was an open culture in the service where learning when things went wrong was encouraged. Lessons learnt were shared with staff to ensure that there was minimal risk of them occurring again.
- Accidents, incidents and complaints were investigated and monitored closely. Improvements to the service were made when needed. For example, following a complaint, staff had been reminded of the importance of respecting people's privacy and confidentiality.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were assessed before they started receiving a service from the care agency. People and where appropriate their relatives were fully involved in the process of assessment and review of their needs.
- People's care plans were personalised and developed from this initial assessment and where applicable from local authority assessment information. Care plans detailed people's choices and needs and included guidance for staff to follow to deliver care effectively and safely.
- Staff were knowledgeable about people's care and support plans. They spoke of the importance of reading them, so they were able to provide people with personalised care.
- The registered manager told us they made sure they kept up to date with current best practice guidance and relevant legislation so that people received effective care that met their needs preferences.

Staff support: induction, training, skills and experience

- New staff were provided with the induction they needed to carry out their roles and responsibilities. Staff induction followed the principles of the Care Certificate to support staff to provide safe and effective care to people. The Care Certificate sets the standard for the fundamental skills and knowledge expected from care staff.
- Staff spoke in a positive way about their induction. They told us it had included completing essential training relevant to their role and shadowing an experienced member of staff. Comments from care staff included, "The shadowing is good it shows you the care people need."
- Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs. The provider employed a specialist trainer to train and assess staffs' competency to carry out care tasks that met people's complex needs. Care staff spoke highly of the training and told us they had also achieved qualifications in health and social care.
- Care staff informed us they received the support they needed from the registered manager and other senior staff. They had regular supervision and appraisal of their practice and development to help them carry out their role and responsibilities in ensuring people received good care.
- Care staff told us, "If I am worried about anything I ring the supervisor and they help and advise me" and "I can go into the office anytime and have a chat with [senior staff]."
- People and their relatives told us they found staff to be competent. Spot checks of care staff providing care were carried out to monitor their performance and competency. One care staff told us, "[Senior staff] make sure we are competent."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and food preferences were understood and met. Care plans included details of dietary needs and food preferences. One person's relative told us that care staff had been particularly responsive in taking action to make sure that the person received meals that they enjoyed.
- People received the support they needed to ensure they had enough to eat and drink. One person's relative told us about the support that the person received from care staff with their meals.
- Staff told us that they always ensured people were provided with a drink before they completed their visits. They knew that they needed to report any changes in people's eating and drinking to the registered manager.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care plans provided staff with the guidance they needed to provide people with the support they needed with their personal care and health conditions.
- The registered manager worked with healthcare and social care professionals to provide people with effective consistent care. Feedback from healthcare and social care professionals was positive about the service provided to people.
- Senior staff supported people to access medical and nursing support, if required. Care staff told us they had noticed a deterioration in a person's health, reported it to the registered manager, who had then arranged for a district nurse to visit the person.
- The registered manager was aware of the CQC's thematic review of oral health care. People's oral health needs were part of care planning.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's memory and capacity to make decisions relevant to their care and support were assessed and documented. Care staff knew that if a person did not have the capacity to make a decision it could be made in the person's best interests by relatives, healthcare professionals and others involved in the person's care.
- Care staff told us that they always asked people for their agreement before supporting them with personal care. One care staff told us, "You explain what you want to do. You don't impose things on people. They need to choose."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care plans included detailed personalised information about their background, routines, preferences and needs. The registered manager spoke of the importance of employing care staff who really care. They told us, "Care must come from the bottom of your heart" and "You try and make [people] happy and take time with them."
- Assessment information included details about people's cultural and religious needs but lacked information about other characteristics of equality and diversity such as sexual orientation. The registered manager told us they would be addressed.
- Care staff had a good understanding of people's varied needs and knew the importance of respecting people's differences. One care staff spoke of taking off their shoes or wearing shoe covers when entering a person's home, in respect of the person's culture and preferences. Another care staff commented, "Respect people, be friendly, understand them."
- The registered manager spoke of the importance of matching staff with people, such as sharing the same language and ensuring that the preferred gender of the staff carrying out their care was accommodated. One person told us, "I'm happy with everything about the carers and the service."
- People and their relatives informed us that people were respected and treated well by caring staff. A relative told us that care staff had been introduced to them and a person. They spoke of the person having received the support they needed from a regular care staff, who knew the person well. They told us, "[Care worker] was great with [Person]." Another relative spoke of care staff as being "absolutely fantastic, very caring and sensitive."
- Care staff spoke in a positive way about caring for people. They told us they were fond of the people they visited and enjoyed providing people with care and support. Care staff told us, "I feel empathy. I remember that I will get old one day." "It is one of the best jobs in the world."

Supporting people to express their views and be involved in making decisions about their care

- Details of the ways people communicated their ability to make choices about their care were included in people's care records.
- Senior staff obtained feedback about the service from people and their relatives during spot checks of care visits and during care plan reviews.
- People and their relatives told us that staff were approachable and listened to them and supported them to be fully involved in decisions to do with people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. They told us about how they ensured people's privacy was respected during the provision of personal care.
- People's information was stored securely. Care staff were aware of the importance of confidentiality and keeping people's personal information secure.
- Care plans included details about people's abilities. Staff were aware of the importance of supporting people to be as independent as possible. One care staff spoke of encouraging people to do things for themselves, such as washing their own face when being assisted with personal care.
- Social care professionals told us that the registered manager encouraged and supported people's independence and reablement.
- During spot checks of staff carrying out personal care, staff practice was assessed. This included checks as to whether staff arrived at the right time, had an identification badge and provided care in a dignified and respectful manner.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans and assessment information showed that people and where applicable their relatives were fully involved in the planning and development of their care. This helped ensure that people received personalised care and support in the way they wanted and needed. One person's relative told us that the registered manager had spent a significant amount of time during the assessment visit "going through everything and asking what we wanted."
- People's preferences, interests and needs were understood and respected by staff. This helped ensure that people received the care that they wanted and needed. One care staff spoke about following specific guidance to ensure a person's personal care needs were met.
- Care staff spoke about providing people with choices and respecting the decisions they made. These included choices about what to wear and eat.
- The service was flexible. People and their relatives provided us with examples of where the service had been responsive in accommodating their requests to change visit times.
- People and their relatives spoke highly about the care people received from staff. One person's relative told us that a person had developed a good relationship with their regular care staff, who had been "great".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Details about people's hearing and visual needs and the way people communicated were included in people's care records. Care staff told us that they had the information they needed to effectively engage with people. A person's communication guidance included, "If wanting [Person] to make a choice and [Person] is difficult to understand, write down the options for [Person]."
- Some policies including the complaints procedure were in picture and written format, so the information was more accessible to people who had difficulty reading. The registered manager told us they would always ensure information was provided to people in a format that was accessible to them.

Improving care quality in response to complaints or concerns

- There were processes in place to ensure people's concerns were investigated and addressed in an appropriate manner.
- People and their relatives knew how to make a complaint and were confident that they would be listened to and any concerns that they raised would be addressed appropriately. A relative told us "They

[management] are good at responding and that makes us more confident."

- Records showed that lessons had been learnt and staff practice improved in response to complaints.

#### End of life care and support

- The service had cared for people at the end of their lives. The registered manager spoke of working with healthcare and social care professionals in ensuring people received personalised care at the end of their lives.
- Staff told us they had received the support they needed following the death of people they had cared for. One care staff said, "[Registered manager] has been great, when anyone dies we talk about it." They also told us that they had attended the funerals of people using the service.
- One person's relative spoke highly of the end of life care the person received from staff. They told us, "[Person] was treated with such dignity." The relative also told us that staff had been very kind to them following the death of their loved one.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider ensured that people were at the centre of the service leading their care. People's care and support were planned effectively so that they received effective personalised care safely.
- Effective communication between the registered manager, staff team, people and their relatives supported people to receive their preferred care and support. Relatives spoke of communication being good. They told us, "We can communicate with them [management] by phone, also by email." "I can always get through on the phone." However, one relative told us that there had been an occasion when they had contacted the agency about cancelling a visit and the "message hadn't gone through" and the care staff had "turned up."
- People and their relatives informed us that they knew how to contact the registered manager and office staff. They told us they had received the information they needed about the agency and the service it provided.
- One person's relative told us that they would "definitely recommend" the agency, and that it had "fulfilled all our wishes."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the need to notify CQC and/or other agencies of any accidents, incidents and significant events within the service. They knew they had a legal responsibility to be open and honest with people and relatives when something goes wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and their relatives told us they felt the agency was well-led. They told us the registered manager was kind and engaged with them well.
- The registered manager and staff team were clear about their roles and responsibilities. Care staff received a handbook that detailed policies and procedures and included good practice guidance.
- Care staff told us, "[Management]" were very professional. They communicate well. They keep us informed."
- Systems were in place to monitor the quality of the service and meet regulatory requirements. Quality checks included spot checks of care staff completing care visits. Audits of people's care and monitoring records were also carried out. These checks identified where improvements to the quality of the service were

needed and deficiencies were addressed.

- Records we looked at were detailed, accurate and comprehensive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's relatives told us they were asked for their feedback about the care and support people received and were asked what was working well. One relative told us, "We have had a questionnaire asking us what we think. I think it comes about once a year, but we are happy with everything anyway."
- People and their relatives spoke positively about the service people received. Comments from people's relatives included, "I am very happy with the care [person] received," "[Registered manager] listens and visits us." Written compliments showed people had been happy with the service.
- Care staff told us that teamwork was good and they enjoyed their jobs. They told us they felt valued and well supported by the registered manager. Comments from care staff included, "I love my job."
- Staff told us they felt confident to speak up about any aspect of the service and felt that they would be listened to and their views respected.

Continuous learning and improving care; Working in partnership with others

- The registered manager was aware of the importance of continuous learning and improving care. Lessons learnt from incidents and other events were shared with staff.
- Healthcare and social care professionals told us that that they found communication with the registered manager to be good.
- Comments from healthcare and social professionals were positive about the service. They included, "Very committed and person-centred agency, especially the care manager who is hands on and always involved in her clients" and "Communication is very good. The staff are competent and ensure the needs of the clients are met." "The agency is well organised and are good to work with. I would recommend the agency to my colleagues for any future referrals."
- People's care records showed that the registered manager engaged with healthcare and social care professionals about changes in people's needs. For example, the registered manager reported changes in one person's skin condition to the person's placing local authority care coordinator.
- The provider had recently introduced electronic care records, which were accessible to staff via their mobile phones. Care staff spoke positively about this change and how the accessibility of that information benefitted them in ensuring that they had up to date information about people's needs.
- The registered manager had been responsive in implementing recommendations made following a local authority quality check of the service.